

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/705,698 - Conf. # 5239
	Filing Date	November 8, 2003
	First Named Inventor	Ji-Yen Cheng
	Art Unit	1709
	Examiner Name	Michael Miller
	Attorney Docket Number	78438-244401

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 44920

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
 Customer Number:

44920

OR

☐ Firm or
 Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

*Total of 1 forms are submitted.